

Louisiana Department of Children and Family Services

LaCarte Procurement Card Program

LACARTE PURCHASING LOG – CLIENT SPECIFIC USE

(NOTE: FOR CHILD WELFARE USE)

Cardholder's Name:

Last 4 Digits of Card Number: (default code: 357-357-p100-3185)

For Cycle Ending:

Receipt Number	Receipt Date	Description	Vendor	Amount	Client's Name	Client's TIPS Number	TIPS 212 Doc Number
Total							

With my signature below, I certify that all purchases were for official state business and comply with all appropriate rules and regulations, and it has been verified that documentation exists to support all purchases.

Name of Person Entering TIPS 212 Doc Number (Printed):

Cardholder's Signature: Cardholder's Telephone Number:

Date of Cardholder's Signature:

Supervisor's Name (Printed):

Supervisor's Signature: Supervisor's Telephone Number:

Date of Supervisor's Signature: